Academic year 2010 - 2011

Creating college graduates who change the world

CHILD CARE SCHOLARSHIP APPLICATION

Academic Year 2010 – 2011

PROOF OF ENROLLMENT FORM

Directions

Applicant: Fill out Applicant Information, and give this form to your school's Registrar. School official: Fill out School Information, sign, and give this form back to the student to include in application packet.

APPLICANT INFORMATION

_____ _____ _____

First name M.I. Last name

I give permission to school officials to release to 10,000 Degrees any information concerning my financial aid or academic circumstances.

_____ _____

Applicant's signature Date

SCHOOL INFORMATION

1. Name of school: _____
2. Mailing address: _____

City: _____ State: _____ Zip: _____

3. Contact person: _____ Title: _____ Phone: _____
4. Name of educational program applicant is enrolled in: _____
5. This educational program results in a:
   - ❑ Associate's Degree (AA/AS)
   - ❑ Bachelor's Degree (BA/BS)
   - ❑ Teaching Credential
   - ❑ License
   - ❑ Certificate
   - ❑ Other, please specify: _____
6. Number of units/hours in which the applicant is enrolled or registered to be enrolled: _____
7. Does your institution consider the applicant to be enrolled: ❑full-time ❑part-time ❑less than part-time
8. Applicant's start date for units/hours indicated above in #6: _____ End date: _____
9. Your school has been accredited or authorized/approved for operation by: _____

_____ _____

Signature of school official Date

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